

**Work Order ID 134360**

Wednesday, July 08, 2015 3:11:11 PM

**\*134360\***

Page 1

Item ID: D3183-9 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Cap  
 Start Date: 7/07/15 Start Qty: 25.00 **\*25\*** Cust Item ID:  
 Required Date: 7/07/15 Req'd Qty: 25.00 **\*25\*** Customer:  
 Reference:

Approvals: Process Plan: MLJ Date: JUL 09 2015 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_  
 Run Start **\*NR1\***  
 Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                 | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp                         |
|--------------------------------|------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------------------------------|
| <b>Draw Nbr</b>                | <b>Revision Nbr</b>                      |                      |         |        |              |               |               |                  |                                        |
| D3183                          | Rev C1                                   |                      |         |        |              |               |               |                  |                                        |
| 100                            | Hardinge CNC LATHE SMALL                 | 0.00                 |         |        |              |               |               |                  | <b>DAS</b><br><b>25</b><br><b>9-89</b> |
| <b>*100*</b>                   |                                          |                      |         |        |              |               |               |                  |                                        |
| Hardinge                       | Memo                                     | 0.02                 |         |        |              |               |               |                  |                                        |
| Hardinge CNC Lathe Small       | Turn D3183-9 Cap as per Folio FA388Debur |                      |         |        |              |               |               |                  |                                        |
| 110                            | QC2- Inspect parts off machine FAI/FAIB  | 0.00                 |         |        |              |               |               |                  | <b>DAS</b><br><b>25</b><br><b>9-89</b> |
| <b>*110*</b>                   |                                          |                      |         |        |              |               |               |                  |                                        |
| QC                             | Memo                                     | 0.00                 |         |        |              |               |               |                  |                                        |
| Quality Control                |                                          |                      |         |        |              |               |               |                  |                                        |
| 120                            | QC8- Inspect parts - second check        | 0.00                 |         |        |              |               |               |                  |                                        |
| <b>*120*</b>                   |                                          |                      |         |        |              |               |               |                  |                                        |
| QC                             | Memo                                     | 0.01                 |         |        |              |               |               |                  |                                        |
| Quality Control                |                                          |                      |         |        |              |               |               |                  |                                        |

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Off 2015-07-21

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                          |                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                   |                                              |                       |                          |                      |                          |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |
|--------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------|----------------------------------------------|-----------------------|--------------------------|----------------------|--------------------------|-----------|-------------|-----------|-----------|-------------------|---------|---------------|-----------|---------------------|-------|-----------|-----------|----------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR-No. _____ |                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="width:15%;">Skid-tube</td><td style="width:15%;">Cross tube</td><td style="width:15%;">Water Jet</td><td style="width:15%;">Engineering</td></tr> <tr> <td>Machining</td><td>Small Fab</td><td>Prod. Eng. Coord.</td><td>Quality</td></tr> <tr> <td>Thermoforming</td><td>Finishing</td><td>Rec/Store/Packaging</td><td>Other</td></tr> <tr> <td>Large Fab</td><td>Composite</td><td>Supplier</td><td></td></tr> </table> |                          |                                   |                                              |                       |                          | Skid-tube            | Cross tube               | Water Jet | Engineering | Machining | Small Fab | Prod. Eng. Coord. | Quality | Thermoforming | Finishing | Rec/Store/Packaging | Other | Large Fab | Composite | Supplier |  |
| Skid-tube                                                    | Cross tube               | Water Jet                                                                                                                                                                          | Engineering              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                   |                                              |                       |                          |                      |                          |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |
| Machining                                                    | Small Fab                | Prod. Eng. Coord.                                                                                                                                                                  | Quality                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                   |                                              |                       |                          |                      |                          |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |
| Thermoforming                                                | Finishing                | Rec/Store/Packaging                                                                                                                                                                | Other                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                   |                                              |                       |                          |                      |                          |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |
| Large Fab                                                    | Composite                | Supplier                                                                                                                                                                           |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                   |                                              |                       |                          |                      |                          |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |
| Date :                                                       |                          | Step #:                                                                                                                                                                            |                          | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                   | MRB (QSI042) Approval                        |                       |                          |                      |                          |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |
| Description Work Order Deviation                             |                          |                                                                                                                                                                                    |                          | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                   | Completed By                                 |                       |                          |                      |                          |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |
|                                                              |                          |                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                   | Lead hand / Supervisor Approval Verification |                       |                          |                      |                          |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |
|                                                              |                          |                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                   | QC / QA Coordinator Approval                 |                       |                          |                      |                          |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |
|                                                              |                          |                                                                                                                                                                                    |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                   |                                              |                       |                          |                      |                          |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |
| Root Cause                                                   |                          | FAULT CATEGORY                                                                                                                                                                     |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                   |                                              |                       |                          |                      |                          |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |
| Environment                                                  | <input type="checkbox"/> | No Re-verification                                                                                                                                                                 | <input type="checkbox"/> | Pressure/Forced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | Temperature/Cure                  | <input type="checkbox"/>                     | Power Loss/Surge      | <input type="checkbox"/> | Positioned Wrong     | <input type="checkbox"/> |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |
| Design                                                       | <input type="checkbox"/> | Operator                                                                                                                                                                           | <input type="checkbox"/> | Bending                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | Set-up                            | <input type="checkbox"/>                     | Folio/Program         | <input type="checkbox"/> | Outside Dimensions   | <input type="checkbox"/> |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |
| Doc/Data                                                     | <input type="checkbox"/> | Offset/Setup                                                                                                                                                                       | <input type="checkbox"/> | Centre Not Concentric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | BOM/Route                         | <input type="checkbox"/>                     | Grain                 | <input type="checkbox"/> | Over/Under tolerance | <input type="checkbox"/> |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |
| Equip/Tooling                                                | <input type="checkbox"/> | Supplier                                                                                                                                                                           | <input type="checkbox"/> | Cracks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | Broken/Damage/Defect              | <input type="checkbox"/>                     | Weld                  | <input type="checkbox"/> | Part Incorrect       | <input type="checkbox"/> |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |
| Handling/Pre                                                 | <input type="checkbox"/> | Training                                                                                                                                                                           | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/>                     | Wrong Stock Pulled    | <input type="checkbox"/> | Part Lost/Missing    | <input type="checkbox"/> |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |
| Material                                                     | <input type="checkbox"/> | Use for Testing                                                                                                                                                                    | <input type="checkbox"/> | Cuffs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | Contamination                     | <input type="checkbox"/>                     | Out of Sequence       | <input type="checkbox"/> | Part Moved           | <input type="checkbox"/> |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |
| Internal Transport                                           | <input type="checkbox"/> | Poor Information                                                                                                                                                                   | <input type="checkbox"/> | Crushing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | Countersink                       | <input type="checkbox"/>                     | Off-set               | <input type="checkbox"/> | Drawing              | <input type="checkbox"/> |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |
| Tribal Knowledge                                             | <input type="checkbox"/> | Rushing                                                                                                                                                                            | <input type="checkbox"/> | Heat Treat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | Cut Too Short                     | <input type="checkbox"/>                     | Mislabeled            | <input type="checkbox"/> | Finish               | <input type="checkbox"/> |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |
| LOA                                                          | <input type="checkbox"/> | Product Improvement                                                                                                                                                                | <input type="checkbox"/> | Wave/Twist in Tube                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | Instructions Incomplete/Unclear   | <input type="checkbox"/>                     | Fit/Function          | <input type="checkbox"/> | Misread              | <input type="checkbox"/> |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |
| Substation                                                   | <input type="checkbox"/> | Process Improvement                                                                                                                                                                | <input type="checkbox"/> | Marks/Chatter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | Drill Holes                       | <input type="checkbox"/>                     | Misaligned/off center | <input type="checkbox"/> | Turning Sequence     | <input type="checkbox"/> |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |
| Past Expiry Date                                             | <input type="checkbox"/> | Manufacturing Process                                                                                                                                                              | <input type="checkbox"/> | OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                   |                                              |                       |                          |                      |                          |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |
| Misidentified                                                | <input type="checkbox"/> | Past Due                                                                                                                                                                           | <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                   |                                              |                       |                          |                      |                          |           |             |           |           |                   |         |               |           |                     |       |           |           |          |  |

# Work Order ID 134360

Wednesday, July 08, 2015 3:11:11 PM

**\*134360\***

Page 2

Item ID: D3183-9 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Cap  
Start Date: 7/07/15 Start Qty: 25.00 **\*25\*** Cust Item ID:  
Required Date: 7/07/15 Req'd Qty: 25.00 **\*25\*** Customer:  
Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                           | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|----------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 130                            | Identify as per dwg & Stock Location: <u>Stoxx</u> | 0.00                 |         |        |              | 25            | 27            |                  |                |
| <b>*130*</b>                   |                                                    |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                               | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      |                                                    |                      |         |        |              |               |               |                  |                |
|                                |                                                    |                      |         |        |              |               |               |                  |                |
|                                |                                                    |                      |         |        |              |               |               |                  |                |
| 140                            | QC21- Final Inspection - Work Order Release        | 0.00                 |         |        |              |               |               |                  |                |
| <b>*140*</b>                   |                                                    |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                               | 0.04                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                    |                      |         |        |              |               |               |                  |                |

JUL 21 2015

MCS

JUL 21 2015

*(Handwritten signature)* 7-21

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                 |  |  |                       |                                              |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                       | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                       | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                       |                                              |  |
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div>             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div>             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> </div> |  | <div style="display: flex; justify-content: space-between;"> <div>             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Misabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div>             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |  |                       |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                       |                                              |  |

# Picklist Print

Wednesday, July 08, 2015 3:11:11 PM

Page 1

Work Order ID: 134360

\*134360\*

Parent Item: D3183-9

\*D3183-9\*

Parent Item Name: Cap

Start Date: 7/07/15

Required Date: 7/07/15

Start Qty: 25.00

Required Qty: 25.00

Comments: IPP A 06.05.03 New issue KJ

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| MDELRINR1.000                   |                        | Purchased     |             | No                  |                  | 100             | f                  | 13.0400        | 0.0333      | 1            |               |                |        |

\*MDELRINR1 000\*

Delrin Round Bar 1" color: black

\*\*

JL 15-7-20

Location

Loc Qty

Loc Code

MAT039

13.04

m130188

13.04

1.06

130065

-43

not in system, no more mat'l after this

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

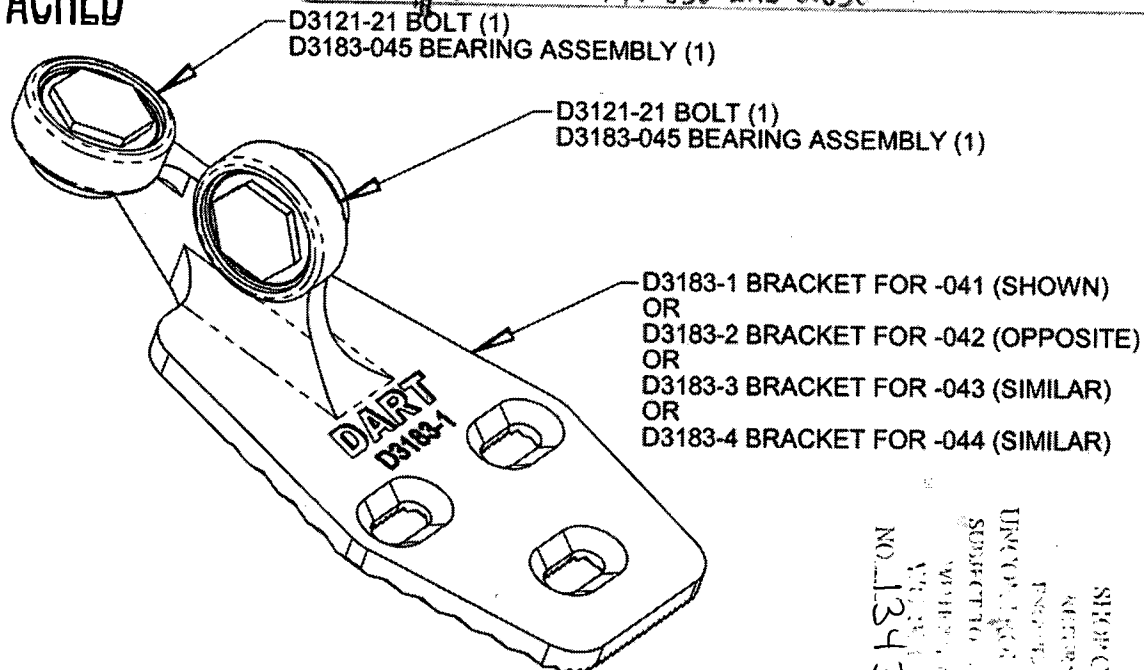
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                 |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval |                                                 |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | Lead hand / Supervisor<br>Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | QC / QA Coordinator<br>Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                 |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                 |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                 |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                                 |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                 |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                                 |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                                 |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                                 |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                                 |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                                 |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER :                                                                                                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |





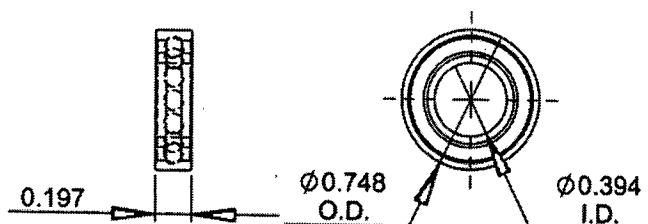
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| DESIGN<br>#             | DRAWN BY<br>CP      | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA |                        |
| CHECKED<br>#            | APPROVED<br>#       | DRAWING NO.<br><b>D3183</b>                              | REV. C<br>SHEET 1 OF 4 |
| DATE<br><b>04.02.17</b> |                     | TITLE<br><b>BRACKET ASSEMBLY</b>                         | SCALE<br>1:1           |
| A                       | 03.01.24            | NEW ISSUE                                                |                        |
| B                       | 03.06.17            | REMOVE BEARING; 1.012 WS 0.882                           |                        |
| C                       | 04.02.17            | ADD -045/-9; 0.182 WAS 0.431                             |                        |
| CI                      | <del>04.11.09</del> | <del>0.830 WAS 0.850</del>                               |                        |

RELEASED  
04.03.01  
DEO ATTACHED



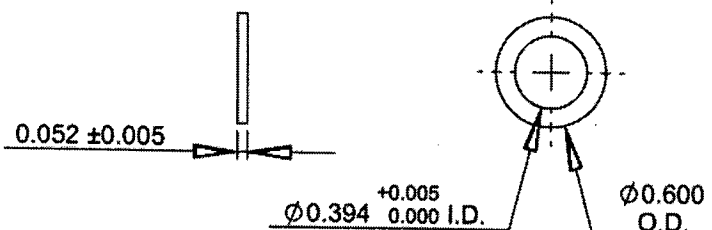
**D3183-041 BRACKET ASSEMBLY (SHOWN)**  
**D3183-042 BRACKET ASSEMBLY (OPPOSITE)**  
**D3183-043 BRACKET ASSEMBLY (SIMILAR)**  
**D3183-044 BRACKET ASSEMBLY (SIMILAR)**

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SUBJECT TO  
REVISION  
NO. 134360.MJ5  
1503-09



**D3183-5 BEARING:**  
**SPECIFICATION CONTROL DRAWING**

- 1) SINGLE ROW, DEEP GROOVE, CONRAD TYPE, SHIELDED
- 2) POSSIBLE SUPPLIER: NSK P/N 6800ZZ
- 3) ALL DIMENSIONS ARE IN INCHES



**D3183-7 WASHER**

- 1) MATERIAL: AISI 303 ROUND BAR (M303R) ANNEALED
- 2) BREAK ALL SHARP EDGES 0.005 TO 0.010
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) ALL DIMENSIONS ARE IN INCHES

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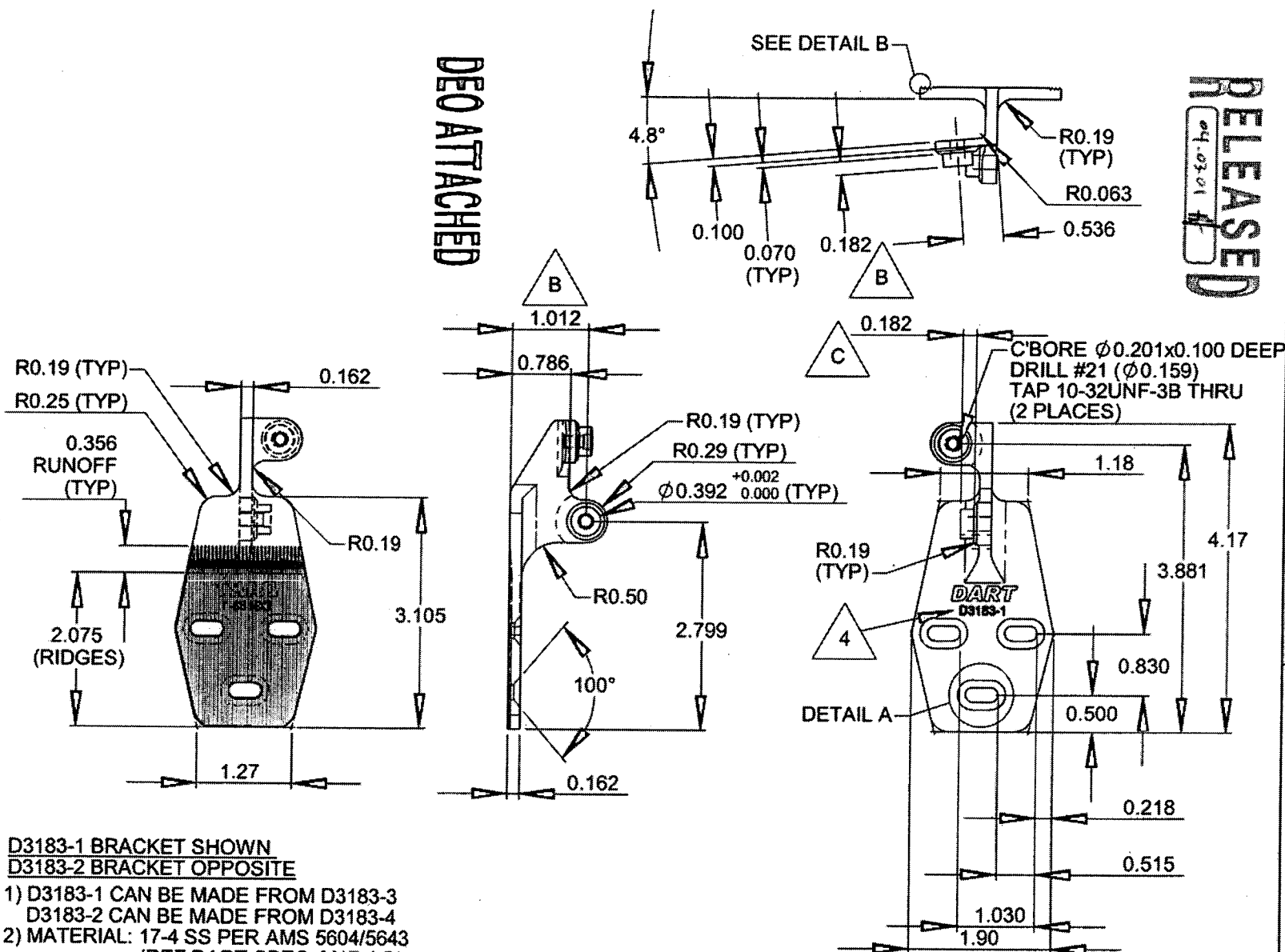




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|------------------|---------------------------|---------------------------------------------------|--------|
| CHECKED          | APPROVED                  | DRAWING NO.<br>D3183                              | REV. C |
| DATE<br>04.02.17 | TITLE<br>BRACKET ASSEMBLY | SHEET 2 OF 4                                      |        |
|                  |                           | SCALE<br>1:2                                      |        |

RELEASED  
04-03-01

DETACHED



**D3183-1 BRACKET SHOWN  
D3183-2 BRACKET OPPOSITE**

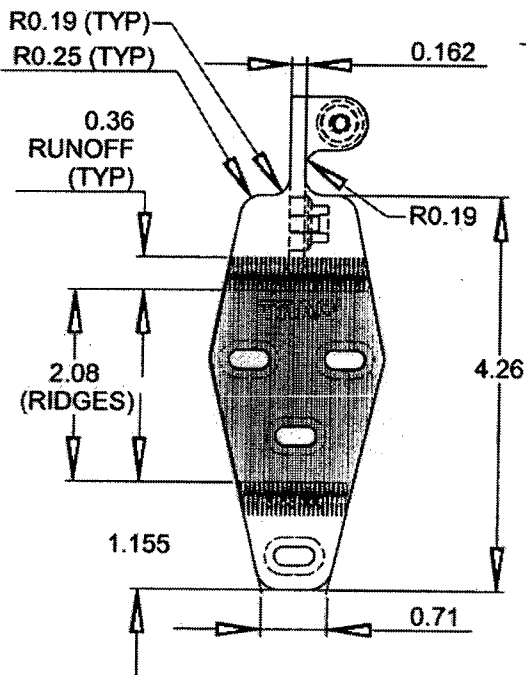
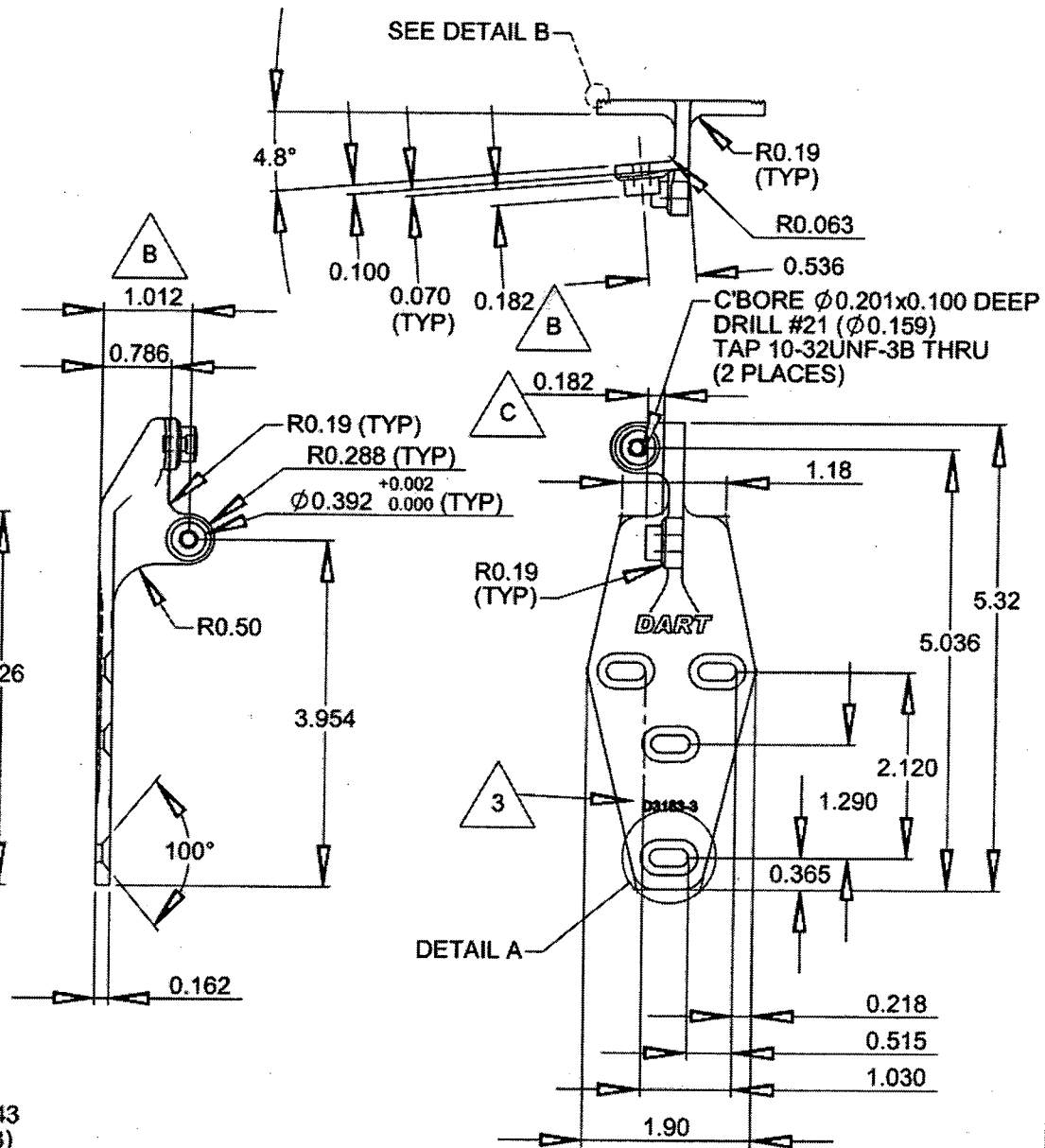
- 1) D3183-1 CAN BE MADE FROM D3183-3  
D3183-2 CAN BE MADE FROM D3183-4
- 2) MATERIAL: 17-4 SS PER AMS 5604/5643  
(REF DART SPEC. M17-4-B)  
MIN ULTIMATE STRENGTH = 150 ksi  
MIN YIELD STRENGTH = 100 ksi
- 3) BREAK ALL SHARP EDGES 0.005 TO 0.015
- 4) ENGRAVE DART P/N & LOGO AS SHOWN
- 5) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 6) ALL DIMENSIONS ARE IN INCHES

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|----------|----------|---------------------------------------------------|--------------|
| CHECKED  | APPROVED | DRAWING NO.                                       | REV. C       |
| DATE     |          | D3183                                             | SHEET 3 OF 4 |
| 04.02.17 |          | TITLE                                             | SCALE        |
|          |          | BRACKET ASSEMBLY                                  | 1:2          |



D3183-3 BRACKET SHOWN  
(REPLACES BELL P/N 412-030-304-105)  
D3183-4 BRACKET OPPOSITE  
(REPLACES BELL P/N 412-030-304-106)

- 1) MATERIAL: 17-4 SS PER AMS 5604/5643  
(REF DART SPEC. M17-4-B)  
MIN ULTIMATE STRENGTH = 150 ksi  
MIN YIELD STRENGTH = 100 ksi
- 2) BREAK ALL SHARP EDGES 0.005 TO 0.015
- 3) ENGRAVE DART P/N & LOGO AS SHOWN
- 4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 5) ALL DIMENSIONS ARE IN INCHES

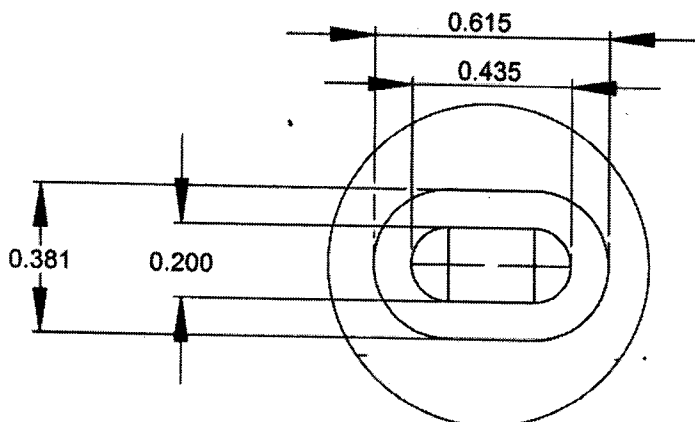
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04-03-01

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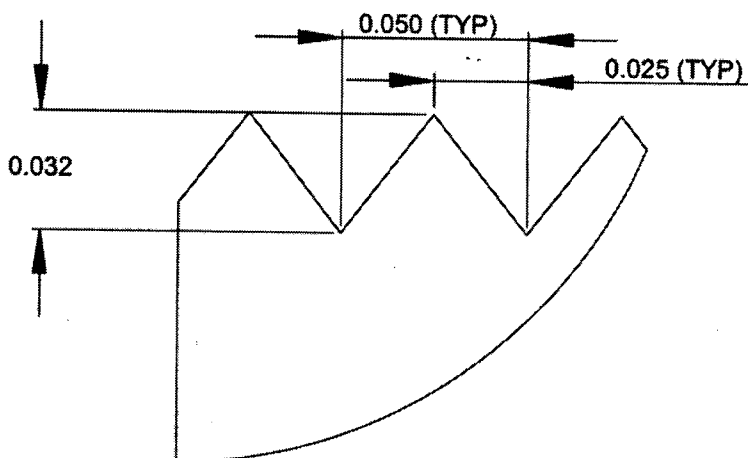
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| DESIGN                  | DRAWN BY | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA |                        |
| CHECKED                 | APPROVED | DRAWING NO.<br><b>D3183</b>                              | REV. C<br>SHEET 4 OF 4 |
| DATE<br><b>04.02.17</b> |          | TITLE<br><b>BRACKET ASSEMBLY</b>                         | SCALE<br>1:1           |



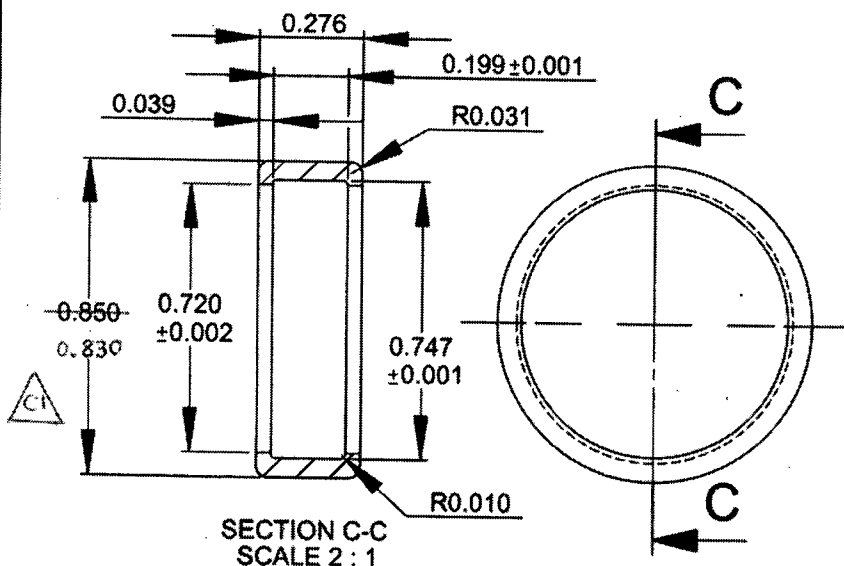
DETAIL A (2 : 1)

**RELEASED**  
04.03.01

**DEO ATTACHED**



DETAIL B (20 : 1)



**D3183-9 CAP**

- 1) MATERIAL: DELRIN ROD, Ø1.00  
(REF DART SPEC. M-DELRIN-R1.00)
- 2) TOLERANCES ARE PER DART QSI 018  
UNLESS OTHERWISE NOTED
- 3) ALL DIMENSIONS ARE IN INCHES

**D3183-045 BEARING ASSEMBLY**

- 1) ASSEMBLE D3183-5 BEARING AND  
D3183-9 CAP

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